with preoperative nausea ($p = 0.003$), vomiting ($p < 0.001$), and tachycardia ($p < 0.001$), presence of recurrent hernia ($p < 0.001$), surgery under general anesthesia ($p < 0.001$), performing both laparotomy ($p = 0.007$) and organ resection during surgery ($p < 0.001$) had more morbidity. Also, patients with preoperative tachycardia ($p = 0.005$) and organ resection during surgery ($p = 0.029$) had more mortality. However, no factors affecting recurrence were found in the study.

Conclusions: Morbidity and mortality probability are higher in patients with preoperative septic and obstructive symptoms.

P118 MORBIDITY, MORTALITY AND RECURRENCE FACTORS OF INCARCERATED FEMORAL Hernia

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Aim: Aimed to search the factors affecting morbidity, mortality, and recurrence in incarcerated femoral hernia cases.

Material and Methods: After ethical committee approval, patients operated due to incarcerated femoral hernia between 2010 and 2020 were included in the study. Patients in the pediatric age group (0-18 years), and pregnant patients were excluded from the study. Preoperative, intraoperative, and postoperative factors of the patients were gathered. Morbidity, mortality, and recurrence factors were evaluated with Mann-Whitney U test, $\chi^2$ test, and Likelihood ratio test, $p$ value lower than 0.05 as significant.

Results: The mean age of 50 patients was $54.56 \pm 19.34$ years ($19-91$) and the female to male ratio was $33/17$. Right-sided hernia was present in 27 (54%) patients and recurrent hernia in 5 (10%) patients. The most common surgery type was McVay repair in 33 (66%) patients. Other surgery types were as follows: Lichtenstein procedure in 9 (18%) patients and Rutkow plug procedure in 8 (16%) patients. The morbidity and mortality rates of the study were 14% and 4%, respectively. Postoperative recurrence was seen in only 3 (6%) patients. Patients...